

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

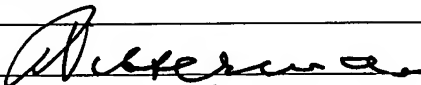
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	NL10/21521	
	Filing Date	September 24, 2002	
	First Named Inventor	ODERWALD, Michiel Peter	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission		Attorney Docket Number	Vereenigde P59US

22389 U.S. PAT. & TM. OFF.
10/670143
09/24/03

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Express Mail Certificate, Specification and Drawings, Charge Deposit Account in the amount of \$375.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts /Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP PETER VISSERMAN
Signature	
Date	9/24/03

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <input type="text"/>			
Typed or printed name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: ODERWALD, Michiel Peter and VIS, Andreas Gerardus

For: MACHINE AND METHOD FOR BUNCHING PLANT STEMS

Appl. No.: NL10/21521

Filing Date: September 24, 2002

Docket No.: Vereenigde P59US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

"Express Mail" Mailing Label No.:
EL 635613138 US

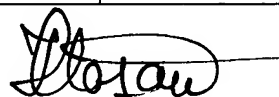
Date of Deposit: September 24, 2003

Sir:

I hereby certify that the documents listed below are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

<input checked="" type="checkbox"/> Transmittal Form	<input type="checkbox"/> Declaration for Patent Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check attached for \$375.00	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Notice of Allowance and Issue Fee Due
<input type="checkbox"/> Provisional Application for Patent Cover Transmittal <input type="checkbox"/> Specification ___ Pages <input type="checkbox"/> Claims ___ Pages	<input type="checkbox"/> Information Disclosure Cover Letter <input type="checkbox"/> IDS PTO 1449 <input type="checkbox"/> 1 References	<input type="checkbox"/> Certificate of Correction
<input type="checkbox"/> Design/Utility Application Transmittal <input type="checkbox"/> Specification ___ Pages <input type="checkbox"/> Claims ___ Pages	<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> ___ References	<input type="checkbox"/> Maintenance Fee Transmittal Form <input type="checkbox"/> Maintenance Fee Payment
<input type="checkbox"/> PCT <input type="checkbox"/> Transmittal Letter to the United States Receiving Office <input type="checkbox"/> PCT Fee Calculation Sheet <input type="checkbox"/> PCT Request (___ Pages) <input type="checkbox"/> PCT General Power of Attorney Cover Letter <input type="checkbox"/> PCT General Power of Attorney	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Letter to Official Draftsman	<input checked="" type="checkbox"/> Itemized Postcard
<input type="checkbox"/> Request Transmittal (RCE or CPA)	<input type="checkbox"/> Response to Missing Parts /Incomplete Application	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Preliminary Amendment PCT Publication
<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Request for Refund	

Dated: 9/24/03



VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP
Bridgewater Place
Post Office Box 352
Grand Rapids, Michigan 49501-0352
(616) 336-6000

